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ABSTRACT

The experience of a mainstreamed program for children aged 4 months through 5 years is reviewed and factors involved in serving children with specific handicapping conditions are examined. The importance of viewing children from a developmental perspective is stressed. Among issues discussed are determining program needs for children with disabilities, providing services for children's basic health needs, preparing staff and parents to deal with children with disabilities, explaining to children about handicapping conditions, and accommodating specific handicapping conditions in the classroom. A 10-step action plan consisting of such tasks as getting information about the handicapping condition and sharing information with staff and families concludes the paper. (CL)

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MAINSTREAMED PROGRAMS FOR CHILDREN BIRTH THROUGH FIVE YEARS:

CONSIDERATIONS OF TYPES OF HANDICAPPING CONDITIONS

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1986

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NORTHWEST CENTER
CHILD DEVELOPMENT PROGRAM

Mainstreamed Programs for Children Birth through Five Years: Considerations of Types of Handicapping Conditions

INTRODUCTION

Philosophy

The issues addressed in this paper will be discussed from the perspective of Northwest Center Child Development Program. The program has operated as a mainstreamed program for children, ages four months through five years, for a period of six years. The ratio of handicapping conditions to non handicapping conditions remains at approximately 1:2. In a program which provides services to approximately 105 families, both full and part time, 60% of the children are normally developing and 40% of the children have handicapping conditions. The children are completely integrated throughout all aspects of the program day.

The history of the program contains the seed of the philosophy. When the program first received a federal grant to develop a mainstreamed model for very young children, it existed as a segregated program for infants and toddlers, birth through three years. When developing the mainstreamed model in the existing program, at that time, it was determined by the planning body to integrate at least as many normally developing children as children with handicapping conditions, so there would be a more realistic representation of a program founded on normal growth and developmental principles. Briefly, the implementation of this practice reached its' final stage of refinement in the Fall of 1985, when the program moved to a larger physical space, and could expand to include children through five years of age. Currently, the program design includes eight classrooms, six of which include 10 children, birth to three years, six normally developing and four with handicapping conditions. The other two classsrooms contain 15 children, ages 37 months to 60 months, 6 of whom have handicapping conditions and 9 of whom are normally developing.

The philosophy of the program is that all children will be accepted, regardless of handicapping condition. Each will be placed in a classroom with normally developing peers. It will a naturalistic early childhood environment where the emphasis is on development the five developmental domains (gross motor, fine motor; communication; socialization; self help; and cognitition). The early childhood environment will serve as a vehicle for the individual development of each child in the program. The educators and support staff will facilitate the growth and development of the individual child as is appropriate to their respective training disciplines, and as their collective training maximizes the potential of each child.

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CONSIDERATIONS

Types of Handicapping Conditions

The types of handicapping conditions represented in children accepted in any program will probably depend on the perception the program has of itself. For example, in Northwest Center's program, the type of handicapping condition is not a criterion for admittance to the program. Other criterion are described in the comments.

Northwest Center's program options include full day care, part time care, a preschool experience, home based programming or both center and home based. The criteria for determining the child's entrance into the program include: the needs of the child, the needs of the family, the funding source (parent tuition, Developmental Disabilities funding, Block grant child care funds, etc.), and what the program offers. The last criterion is important. Northwest Center's program clearly offers options, based on its' resources, staff, philosophy and underlieing theoritical basis.

Since the Northwest Center's program has as a theoritical base a cognitive learning model, with a developmental approach, then each child, regardless of handicapping condition, can be accomodated. In the environment, each child is viewed from her current level of functioning in each of the five skill areas.

The types of handicapping conditions that have been a part of children's lives and represented in this program over the past years include:

1. Down Syndrome
2. Cerebral Palsy
3. Spina Bifida
4. Trisomy 18
5. Visually Impaired
6. Hearing Impaired
7. Orthopedically Impaired
8. Mentally Retarded
9. Behavioral Concerns
10. Developmental Delays
11. Other health impaired

Each specific handicapping condition presents a unique need to staff, both in terms of classroom management and knowledge of the handicapping condition. However, the handicapping condition aside, the child is first a child, then secondly a child with a handicapping condition. The child is still progressing from one stage of development to the next, regardless of the pace of development or sequence in acquiring skills in the individual development.

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Looking at the child from this perspective, it becomes possible to provide a program for a child who is developmentally different in a usual early childhhood program. An example of this would be a child who is hearing impaired. The program staff would have to know the child's developmental level. That means either a program staff person would have to assess the child's current level of skills with an objective instrument (developmental checklist, standardized instrument skills checklist) or have another person come to the program to do that.

After the staff understands the child's level of skills, then the primary educator knows in which activities and events that child will probably participate while in the classroom. The staff would probably want to arrange with someone to come in (perhaps on a weekly basis) to teach some basic signing to staff persons and chidlren. To remember, one doesn't need to be a fluent signer with a child who is 2, 3, or 4 years of age. Basic signing skills can create a basis for communication with both staff and children, enough to allow that child participation in a regular preschool experience.

Using as an example a child with a hearing impariment is one of the more difficult handicapping conditions to think about including. This is not because of the hearing impairment, but rather the theories and philosophies of how hearing impaired children should be educated. Taking into considerations all the theories and models, the child may still need an early chidlhood program (daycare, preschool) and one that includes normally developing children may be the best social experience for the child. Getting help with signing and being provided inservice training on hearing impairments, not only allows the child to access a generic community program, but also increases the skills, knowledge and sensitive awareness level of the educators, parents, children and other staff, in the program.

How will a Program determine what is needed for such a child?

A program needs to be very clear about what it offers. For example, if the program offers full day care as it's primary service component, then consider if the child needs full day care. If the child does not, then maybe that is not the appropriate place for the child. If the child needs day care then the first need of the child is established.

What does the family need and want? Does the program offer what the family needs and wants? For example, the family may need full day care for their child. If the program does not offer full day care, then why does the family want the child in the program? It is improtant for program personnel to understand what the program can offer and match that service with what the family wants.

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The next issue for consideration, is the basic health needs of the child. Beyond normal visual inspection each child receives when attending any program on any given morning, does the child need special medical attention during the day? If the child needs health attention, consider how your program arranges for it with the other children. For example, Northwest Center has a registered nurse who works seven hours daily for the agency, but divides her time between adults and children in the agency. She is in the Child Development Program three hours daily, and available by phone the remainder of the day. The arrangement allows the program to provide services to children with mild to severe health concerns. If the program did not employ a nurse on a daily basis, then children with health concerns, and a handicapping condition that included major health concerns, would have to be evaluated for entrance with regard to what the program offers and what the child needs. Other health resources would have to accompany a seriously health impaired child.

An example might be a child who needs daily catheritization. Such a child was enrolled in Northwest Center for two years. The nurse in the program instructed the educators in the procedure and the educators carried through the procedures two times daily. The practice allowed the child who needed dialy catheritization a more normal preschool experience. There was no need to exclude such a child from a usual preschool/daycare experience.

Northwest Certer's program employs special educators as a part of their regular staff. The special educator has unique skills to contribute to the child with a handicapping condition.

If a program employs no such person, that does not mean the child can not be served in the existing program if it meets other needs of the child and family. Perhaps the program has an arrangement with another agency which specializes in working with children with special needs. If so, then someone from the collaborative agency could provide ongoing assistance to the educators and support people in the program.

The important issue to remember is that a program must know what it offers so that when a family which has a child with a handicapping condition wants access to a program, access is not denied simply on the basis of the child's disability.

How will the staff feel about a child with handicapping conditions?

If a program primarily serves children who are normally developing, then a child who is developmentally different may seem at first challenging. Staff people may be afraid for many different reasons.

Careful preparation is in order. Staff people need information about the handicapping condition. They need to know first to treat the child as a child, just as they would any other child. Then they need to know specifically if there are special ways they should carry the child, communicate with the child, respond to the child and what resources are available to them and WHEN the resources are available.

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Now, think about it; isn't that what anyone needs to know about any child? The most important thing is information about the handicapping condition, and what is expected of the educator (i.e. teacher , day care provider) and where to go for help.

When these questions can be answered, there is usually relief on the part of staff persons and a natural relationship can be established.

How will the parents of the other children feel?

The parents of other children will feel comfortable if they are prepared in the same way the staff was prepared. They need to have clear, simple and direct answers to their questions. They need to know what their child will do, what special things will be done for the child with handicapping conditions, how the classroom will function, that their child will get the appropriate attention and that they can continue asking questions and getting satisfactory answers.

They need to know the parent of the child with special needs has the same concerns as they have and that they can talk to one another. The staff needs to provide times to talk to one another. That may be in a parent meeting, a special time in the classroom, an informal "social time" or other arrangements. The staff need to continue to monitor that conversation takes place and when uncomfortable questions arise they are answered by a person with accurate knowledge and information.

How will the children in the program feel?

Children in the program who are infants through about 36 months of age will probably have only a mild interest in children who are mentally, emotionally or physically different. This is particularly true of children through approximately 30 months of age.

After 30 months, some children might be curious about a piece of adaptive equipment, or why another chid wears a hearing device or why a child uses her hands to communicate. A simple explanation stated objectively suffices at this age.

At about 4 years of age, the typically developing child enters a stage where she experiments with name calling (e.g. silly, stupid, dumb-dumb). Sometimes teachers, parents and therapists interpret this "name calling" as a direct insult to the child with a handicapping condition. Clinical observations of 4 year olds in many different settings suggest this is a normal phase children pass through. It usually subsides by 5 or 5-1/2 years of age.

Staff and parents can respond by matter-of-factly stating that the child is not dumb, stupid or silly, but rather, it sounds as if the name-calling child is frustrated with the other child and needs help in identifying the "action" that is causing the frustration.

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How will the children with handicapping conditions feel?

The experience of staff at Northwest Center working with children with handicapping conditions, has been that these children demonstrate a strong self image and sense of self if it is nurtured. When they have been treated with dignity, respect and in a manner consistent with building self esteem, they are as eager for the world as is any child who is supported by loving, caring and nurturing individuals.

Which handicapping conditions are best accomodated in a mainstreamed setting?

Based on the experience of the program at Northwest Center, each handicapping condition has been successfully accomodated. Observing staff people in classrooms, it would appear that the most difficult handicapping condition to accomodate is that of a moderate to severe behavior or emotional disorder. It becomes difficult for the direct service staff (usually the teachers) to remain objective during periods of the child's difficult behaviors. Often times they tend to feel that the child's behaviors are personally directed to them. When thinking about the issue more objectively, they realize that is not accurate. However, on a daily basis, that issue is of concern, needing to be addressed, so that resentments are not accumulated. Support to the teachers by each staff person, and periods of respite from the classroom environment (even for 5 minutes) are good strategies. As well, resources from outside the program, designed to support and sustain the classroom teachers and other staff persons, provides the needed assistance when accomodating this particular handicapping condition.

ACTION PLAN

1. Know what is the philosophy of your program and that the services are compatible with the philosophy.

2. Determine what the child needs (e.g. special equipment, special considerations).

3. Determine what the family needs (e.g. resources, support, friendship, information).

4. Get information about the handicapping condition.

5. Determine if the program can provide answers to those needs. Avoid answering, "this child needs a program for mentally retarded children". That is not an accurate statement. A child who has the handicapping condition of mental retardation needs a program where she can function to the best of her ability, have opportunities to experience what other children experience, gain skills in the five skill areas, be mentally, physically, socially and cognitively challenged and be seen by her family as a valuable person in the perception of others.

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6. Meet with the family. Write down what the program offers. Write down what the child needs. Look at the program's resources. Match them.

7. Determine if there are additional resources needed and can they be acquired from other sources.

8. Through a process of mediation (both family and program coming together on needs and services) determine what in your program can meet the needs of the child and family.

9. Share information with your staff, being clear about what each person will or will not need to do differently in the classroom. Be clear about what will be the resources and how often they can expect any help.

10. Share information with your families. Continue to share information on an ongoing basis in a thoughtful and systematic manner.

CONCLUSION

Specific types of handicapping conditions that are present in children who participate in typical early childhood programs need not exclude the child from the program.

Rather the staff and parents need to know what the presence of that handicapping condition means with regard to the following:

1. Classroom equipment (how to adapt).
2. Staff behaviors and perceptions.
3. Parent behaviors and perceptions.
4. Child behaviors and perceptions.
5. External support.

When these issues are objectively confronted on an individual basis, the handicapping condition becomes less of an issue than the interest in providing for the child and parents a quality, healthful and emotionally satisfying early childhood experience.

The basic assumption of this paper is that early childhood staff wnat this condition for the children with whom they work. Children with handicapping conditions need the same conditions and caring, sensitive individuals to design the manner in which those conditions can be achieved.

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